

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/536950

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1	1	1		
3		2		1		
4		0		1		
5		0		1		
6		0		1		
7		0		1		
8		0		1		
9	1		1			
10		1		1		
11		2		1		
12		0		1		
13		0		1		
14		0		1		
15		0		1		
16		0		1		
17		0		1		
18		0		1		
19	1			1		
20		1		1		
21	1					
22		1				
23	1		1			
24	1					
25		1				
26	1					
27		0		0		
28	1			1		
29				1		
30		1		1		
31		2		1		
32		0		1		
33		0		1		
34		0		1		
35		0		1		
36	1					
37		1				
38	1					
39	1					
40		1				
41	1					
42	1		1			
43		1		1		
44	1					
45		1				
46	1		1			
47	1		1			
48		1		1		
49	1		1			
50		14		4		
TOTAL IND.	18		7			
TOTAL DEP.	53		38			
TOTAL CLAIMS	71		45			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52				1		
53				1		
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						